FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY PA		FORM DR-2	DISCLOSURE DEPORT
COMMITTEE NAME (Must be same as an Statement of Organiz 2009 OCT 17 A LOCAL NO. 1142 U.F.C.W. Politic IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car Ponacal Subdivision Candidate (8) County PAC (9) City PAC (SARDINISION PAC (11) Local Ballot Issue CANDIDATE COMMITTEES ONLY: Candidate Name Office Sought	ation) 11 9: 31. Or: 2 (2)State PAC (3)State Party Indidate (7)School Board or Other 10)School Board or Other Political Political Party (if applicable) District (if Senate or House)	(Rev. 12/2005 For Office Use Comm. # Logged In Scanned Computer Audited File with: Iowa Ethics Disclosure 510 E. 12 th Des Moines Fax: 515-28	and Campaign Ste. 1A , lowa 50319
the candidate, for a candidate's committee, and the chairperson, individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT	for any other type of committee, is the (7/2) 255-472 TELEPHONE		0/17/08 E SIGNED
(report date) CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of I (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	Local Committees, e	nter Date of Election mittees, enter County in
	IENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the continuous the last reporting period or must be zero if this is the continuous	It of all funds held by the ash on hand at the end first report filed.)	\$	1,000.00
			1,000,=
- " Attach Sched	lule A) (*aiso see in-kiilu below)		<u>Ø</u>
Schedule	P1		
Total Sales of Campaign Property (Alta	ich Schedule h)	•••	
(Schedule H. applies to Candidates' Co	ommittees Univi SUB-TOTAL		1100,00
OPENT THIS PERIOD			
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			1,000.00
Cahadiile	R) (**also see debts and loans below)		1,000.00 Ø
Schedule B: Expenditures total (Attach Schedule I	B) (**also see debts and loans below)		B
Schedule B: Expenditures total (Attach Schedule I: Schedule F: Loan Repayments total (Attach Sched CASH ON HAND at the end of this reporting period (if final reporting period (Attach DR-3)	B) (**also see debts and loans below) ule F) port balance must	\$	1,000.00 Ø 100.00
Schedule B: Expenditures total (Attach Schedule I Schedule F: Loan Repayments total (Attach Sched CASH ON HAND at the end of this reporting period (if final re be zero) (Attach DR-3)	B) (**also see debts and loans below) ule F) port balance must	\$	100, œ
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For Instructions, See Back of Form	Reset Form	SCHEDULE	MONETARY
CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)		(Rev. 07/03)	RECEIPTS CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization) LOCA! No. 1142 U.F.C.W Political Fund	:		NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MINI/OD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	FUND- RAISER INCOME
08/12/08 ID# CK#	CK#	UFCW LOCAL 1142 Members		\$ /,000. 00	
	CK#	· · · · · · · · · · · · · · · · · · ·			
	Ск#				
	ID# CK#				
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ID# CK# ID# CK#					
	·				
}	D# :K#				
)# K#				
ID#					
CI	K#				
		TOTAL (if last page of	SUB-TOTAL \$		

committees to disclose the relationship of any relative making a contribution to the Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by taminal relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

		same as on Statement of Organization) L.F. C.W. Political Fund	:	
DATE EXPENDED (MN/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/12/08	ID# /444	Committee to Elect		00
	CK# /505	wes whitead		\$ 1,000,00
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#		·	
	1D#	:		
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	<u></u>		SUB-TOTAL	\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of cantain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

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